

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10530264
APPLICATION

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		/			
2		1		/		
3		2		/		
4		2		/		
5		2		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0	1			
18		0		/		
19	1			/		
20		1		/		
21		2		/		
22		2		/		
23		0		/		
24		0	1			
25		0		/		
26		0		/		
27	1			/		
28		1		/		
29		2		/		
30		2		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35		0		/		
36		0		/		
37		0		/		
38		0		/		
39		0		/		
40		0	1			
41		0				
42		0				
43		0				
44						
45						
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	36	←		←
TOTAL CLAIMS			40			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						